MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 754, 335 FILING DATE APPLICANT(S)

			r			
	AS F	ILED	1st AME	NDMENT	AF 2nd AME	TER NDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1 2	<i>-</i> /		 		ļ	
3	<u> </u>	 /			ļ	
4	<u> </u>	-			 	
5		1	-		-	
6		1 *				
7		1				
8		 				
9		1				
10		7		-		
11		7				
12						
13						
14		I				
15		1				
16	<u></u>	/				
17		1	<u> </u>			
18	<u> </u>	11,			<u> </u>	
19	-	<i> </i>	 		 	
20		 , /	 		<u> </u>	ļ
21	 	·1,			 -	
22 23		1			<u> </u>	
24		1		<u> </u>	 	
25	,	 '	 		-	
6	 	,			 	
27	<u> </u>	'/	 		 	
28	 	-/-	†		 	
29		7	 		 	
30					†	
31					T	
32		1				
33						
34						[
35	<u></u>					
36	<u> </u>	<u> </u>		<u> </u>		
37	 	 	ļ		ļ	
38	<u> </u>	ļ	ļ		ļ	
39	 	 	 		 	
0	 	 	 	<u></u>	 	
12	 		 		 	
43	 		 		<u> </u>	
44			 	L		
45	<u> </u>	ļ	 			
6		 	 		 	
7			 	<u> </u>	 	
8						
9					l	
0						
AL	3					1
AL	7	البا	 	4		الحا
ral	30	Leave 193		resona -	ļ	CURRIENT ST
MS.	ムグ	學科。		NOT THE		